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indicated unless corrected maintenance fee notification	below or directed otherwis	e in Block 1, by (	a) specifying	a new c	orrespondence address	s; and/or (b) indicating a sep	parate "FEE ADDRESS" for	
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27160 759	0 09/03/2009				ree(s) Transmittal. Ins certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
PATENT ADMINISTRAT KATTEN MUCHIN ROS 2900 K STREET, N.W. SUITE 200			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
WASHINGTON, D.C. 20			(Depositor's name)					
							(Signature)	
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APPLICATION NO.	FILING DATE	FIRST NAMED IN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/510,915	10/12/2004	Modesto M		1. Pesavento		213201-00226	7316	
TITLE OF INVENTION:								
METHOD AND DEVIC	E FOR PROCESSING PI	REFORMS						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$151	\$300		\$300	\$1810	12/03/2009	
EXA	EXAMINER		ART UNIT		ASS-SUBCLASS	]		
DAVIS, ROBERT B.			791		264-237000	•		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF PLEASE NOTE: Unless an assignee is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is Normal Processing Processing</li></ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.					
(A) NAME OF ASSIGN					Y and STATE OR CO			
Husky Injection Mo	(-	Canada						
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	atent):	☐ Individual ☑ C	orporation or other private gr	oun entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
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☑ Advance Order - # of Copies <u>Two (2)</u>			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1710 (enclose an extra copy of this form).					
$\neg$	(from status indicated above	,						
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.								
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Authorized Signature <u>/R</u>			Date	December 3, 2009	)			
Typed or printed name F		<u>-</u>	Registration	No. 31588				
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